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CONFIRMATION NO. 7566

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|--|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/522,095   | <b>FILING OR 371(c) DATE</b><br>01/24/2005<br><b>RULE</b>   | <b>CLASS</b><br>504                | <b>GROUP ART UNIT</b><br>1616   | <b>ATTORNEY DOCKET NO.</b><br>3165-117                          |
| <b>APPLICANTS</b><br>Michael Puhl, Lampertheim, GERMANY;<br>Gerhard Hamprecht, Weinheim, GERMANY;<br>Robert Reinhard, Ludwigshafen, GERMANY;<br>Ingo Sagasser, Dannstadt-Schauernheim, GERMANY;<br>Werner Seitz, Plankstadt, GERMANY;<br>Cyrill Zagar, Mannheim, GERMANY;<br>Andreas Landes, Romerberg-Heiligenstein, GERMANY; |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/08013 07/22/2003  |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 33 402.1 07/23/2002  |   |                                    |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials                              |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>20<br><br><b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>6449   |   |                                    |   |   |
| <b>TITLE</b><br>3-heterocyclyl substituted benzoic acid derivatives  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |